

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 DEC -4 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000005367

1. Corporation Name

EQUIPMENT CREDIT SERVICES, INC.

Principal Place of Business

Mailing Address

650 CIT DR
LIVINGSTON NJ 07039
US

650 CIT DR
LIVINGSTON NJ 07039
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/24/1993

5. FEI Number

13-3732376

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	MERRITT, ROBERT J	650 CIT DR	LIVINGSTON NJ 07039
VP	CARANGELO, VINCENT	650 CIT DR	LIVINGSTON NJ 07039
SVD	FALL, JOHN A	650 CIT DR	LIVINGSTON NJ
AVAC	HIGGINS, KEVIN M	650 CIT DRIVE	LIVINGSTON NJ 07039
EVC	ABBATE, THOMAS	650 CIT DR	LIVINGSTON NJ 07039
EVD	BURR, JOHN D	1620 W FOUNTAINHEAD PKWY	TEMPE AZ 85281

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

Name

Street Address (P.O. Box Number, if applicable)

Suite, Apt. #, Etc.

City

State

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Patrick A. Nolan
REGISTERED AGENT MUST SIGN Assistant Secretary

Date 11/30/2000

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vincent Carangelo, V.P.

Date

Daytime Phone #

10/30/00 (978) 740-5000